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WHAT IS PSYCHIATRY?

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by

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## WHAT IS PSYCHIATRY?

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It has been my experience that apart from an imaginative minority most people have either had close contact with what is called mental disease through having seen a relative or friend attacked by some form of it, or, on the other hand, they have virtually no interest in psychiatry but merely an ignorance enhanced by aversion and evasion. Close contact even for one day with a friend who has become insane is an experience which beggars any argument for the importance of psychiatry, and only those who have never seen mental disease at close range can shrug their normal shoulders with unconcern or with unruffled resignation assume the adequacy of the nearest asylum.

Whereas the usual physical ills concern the inadequate performance of heart, lungs, stomach or some other organ in the service it renders to the rest of the body, psychiatric diseases must in the main still be defined in terms of inadequate performance of an individual human being vis à vis other human beings. Psychiatrists study and treat human beings who are inadequate or actually dangerous in their behavior as members of society: and so it happens that psychiatry as the study of disordered conduct is intimate to an almost suspicious degree with ethics, with cultural anthropology, with sociology, with metaphysics, with religion, with artistic activities -- and this despite the fact that the behavior of a human individual as a whole should be as soundly understood in terms of medicine as the behavior or function of any of his component organs. To understand mental disease calls for medical art and science but also for a wide knowledge of the society and culture to which each of us must learn to adjust.

While your attention is still at the optimum let me offer you two ideas of cardinal importance to your understanding what psychiatry is: first, that the psychiatrist studies the function and the influence of mental processes and emotional states in the whole vast range from incurable disease to optimum health; and, second, that the psychiatrist seldom handles conditions which he can describe without reference to the demands of society upon the individual. As the functions of an automobile are not the functions of its carburetor or its gears, so the functions of man as a whole individual not only transcend but differ radically from the functions of any of his component organs or systems. If psychiatry has especially close connections with the nervous system, it is quite natural, for the function of the nervous system is to coordinate, to integrate, to adjust, to harmonize, to administer the services of all the organs of the individual and to perpetuate his identity as a person through a finite but extremely long series of changing environments -- dangers and difficulties and defeats, as well as resting periods, comforts and delightful successes.

I should not be satisfied with the definition of psychiatry as that specialty of medicine which deals with mental disorders. Like a bad newspaper headline, such a definition confines while condensing and misrepresents by oversimplifying. Psychiatry deals also with the emotional

and social life of man, not merely his reasoning mental operations. Insofar as experience has shown you that emotional thinking is different from logical reasoning, the whole purview and range of psychiatry is evidently extended. Indeed, the province of psychiatry is the conduct of man, his reactions, his behavior as an indivisible sentient being with other such beings. Until recently attention has been given only to grossly disordered conduct -- to persons locked up in asylums -- but now the field is far more inclusive because it reaches into the anxieties, the fatigues, the instabilities, the adjustments, the disturbances of normal everyday living, and also because it includes the effects of mental and emotional functions upon the component organs of the body as well as the effects of disorders of these organs upon the functions of the human being as a whole.

Let us make the position of psychiatry a little clearer by distinguishing it from neurology and from psychoanalysis. Neurology is the study of the nervous system; more specifically, the diseases of the nervous system. Obviously there is much overlapping between neurology and psychiatry when defects or diseases of the brain, spinal cord and peripheral nerves are involved. But neurology points toward the functions of the nervous system as serving the efficiency of the individual machine, while psychiatry directs its attention to conduct -- that blend of mental and emotional functions, dependent, it is true, largely upon the nervous system but involving more than the serviceability of that system to the individual as a whole. The location, structure and function of the nerves and the paths taken by nerve impulses are the basic knowledge of the neurologist. The neurologist learns to detect where injury or infection is located along a large variety of nerve tracts. To the studies of gunshot injuries of the nervous system American neurology owes its beginnings during the Civil War. The location of a brain tumor, or the cause of a paralysis or loss of sensation due to nerve injury, is the task of a neurologist, not a psychiatrist. Most neurologists practise psychiatry because what the layman calls "nervousness" is not an affair of nerve tracts but is due to emotional conflicts or other psychiatric disturbances. Psychiatric disorders are much more numerous than neurological disorders.

Indeed, the psychiatrist's domain is almost bafflingly large, for it includes derangements of conduct or behavior often discernible only in terms of the patient's relationships with other human beings in some given intellectual or cultural or social or moral system. And that presupposes a considerable knowledge of language, of customs, of tradition, of the culture and mores that surround the patient. For these derangements a wide gamut of causes may be responsible, and for their correction an equally varied assortment of treatments may be effective. Indeed, so complicated and numerous are the components of normal human conduct that it has taken years of study of abnormalities to arrive at even a tentative list of what had hitherto escaped recognition because of its constant presence in normal persons. As a figure of speech we say, "It sticks out like a sore thumb." In the same way normal behavior remains inconspicuous until disease calls attention to its numerous components. Psychiatry has had to take the long road to recognition of a function through the conspicuousness of its absence.

Let me offer some examples of such functions of the personality suddenly made conspicuous.

A man receives a severe blow on the head. He may be dazed or confused, with or without knowing that he has lost touch with reality. Or he may lose consciousness or lose his memory for the events immediately preceding the blow. Thus we see that the normal man should know where he is, be conscious and have memory intact.

A soldier may receive a bullet which traverses a part of his brain. The permanent after-effects may be a loss of initiative amounting to the general apathy of a purely vegetative life. Such placidity is not the normal condition of a man.

Alcohol in excess produces effects which would seem more remarkable if they were less familiar -- a sense of self-confidence and well-being -- as William James said, the mood of "saying yes to everything" -- a loss of discretion and self-control, and in extreme cases sensation, emotion and mental activity erased in stuporous and dangerously insensate sleep.

You will note that the phenomena are of the order of derangements of conduct of the individual as a person, and that it is sometimes hard to separate psychiatric symptoms from immorality.

A malnourished patient with pellagra exhibits irritability, emotional instability and a sense of fatigue. A patient with the delirium which often accompanies high fever suffers from delusions, believing perhaps that his attendants are soon to be his assassins, and reacts accordingly. Human beings of either sex as they approach the fifties or sixties often pass through a year or so of depressed spirits and show a morbid concern for their health but emerge on the other side of that too little recognized slough of despond with a serenity and good cheer which comfort in equal measure themselves and their friends. An elderly man whose hardened arteries supplying the brain give insufficient service there shows child-like temper tantrums and embittered pigheadedness -- the tragic fate I think of Woodrow Wilson.

A tumor of the frontal lobe may show its first symptoms in an inordinate weakness for making puns and jests of doubtful propriety. An infection of the brain with the spirochete of syphilis often results in delusions of grandeur and self-importance which are no less disastrous for having an insidious and unrecognized beginning.

Now you will note that each of the symptoms I have mentioned relates to conduct and yet each was different. Also, please note that these psychiatric symptoms resulted from conditions afflicting a previously well person, and are accompanied by physical or chemical events in the body which can be stated in other terms than those of conduct. There was a bruise on the scalp, a bullet hole, alcohol in the blood, inadequate vitamins, high fever, a reduction of sex hormones, a tumor, deficient blood supply in the brain, or positive Wassermann in the spinal fluid.

But psychiatrists must deal also with aberrations from normal conduct in persons who never were normal -- with idiots whose heads never grow larger than a grapefruit, with cretins whose brains have been irreparably handicapped by lack of iodine, with congenital epileptics and other hereditary or congenital

disease -- but in each of these conditions the essential and pressing fact is that in terms of their relationship with normal human beings these patients are obviously incapable of the expected conduct.

Thus far the conditions mentioned have involved in the first place disorders of reaction, conduct or behavior which are at the same time recognizable by characteristic changes in body structure or body chemistry. These are the conditions more easily recognized -- where function and structure are both at variance with the normal.

There remains a much more difficult group of diseases where up to now we can merely say that conduct and types of reaction are disordered but no structural or chemical variation is known to accompany in characteristic fashion the all too obvious symptoms of social, moral, and intellectual inadequacy. In this category falls every gradation of disintegrated personality, from the uncontrollable manias of the madhouse to the trivial fears and the virtually harmless mannerisms or petty foibles of everyday life. In this category, too, fall most of the psychiatrist's cases -- the schizophrenics with their characteristic inaccessibility and remote rejection of emotional exchange with normal persons, the manic depressives with their unreasonable melancholia or equally irrational elation and overactivity, the feeble-minded, and the long list of psychoneurotics with their hysterias, anxieties, obsessions, and states of inexplicable fatigue and indecision. None of these conditions has any characteristic physical accompaniment which can be detected by the present methods of laboratory examination, and for these conditions the methods of the psychiatrist are only accurate description of the patient's reaction and conduct, together with an elaborate and meticulous history or narrative of the development of the disorder.

It is here that we may describe psychoanalysis as one of the methods of eliciting from a patient the narrative and the nature of his intellectual and emotional growth. Psychoanalysis is only one of the methods and forms of interpretation of human conduct. It is one of the more illuminating methods used in psychiatry but not effective in curing many psychiatric diseases. It is an elaborate and relatively recent assembly of theories or postulates, based upon the study of all that the patient says in oft repeated interviews with the analyst regarding his memories, his attitudes, his daydreams and phantasies, his dreams, his emotional life, his sins and peccadillos. There is an element of the confessional in such recitals and a relief obtained by discussing subjects previously repressed. Psychoanalysis postulates the immense importance of the unconscious and assumes a duality in human behavior, a conscious, acceptable, idealistic force often in conflict with unconscious primitive animal desires, and psychoanalysis further attaches great importance to the successive and complete changes necessary in the growth of an infant from a completely dependent, amoral animal to an ethically passable adult. By many it is overrated as an exclusive form of treatment, but by even more it is underrated as a prerequisite for many types of treatment. Anatomy and physiology are not treatment but they are applied in treatment. And certainly psychoanalysis is not a casual experience; even more than an abdominal operation it calls for a cautious operator whose knowledge and experience should exceed his enthusiasm to get to work. The emphasis which Freud attached to the role of sex seems at times fantastic, but, on the other hand, equally extraordinary would be the assumption that so essential

a function throughout plant and animal life can be adequately understood or directed by pious moralizing, rattled evasion, and stern taboo. Let me read from the essay *On Instincts* by William Morton Wheeler, whom Whitehead characterized as the only man he had ever known who would have been both worthy and able to sustain a conversation with Aristotle.

Similar considerations have led me recently to read some twenty volumes of psychoanalytic literature comprising the works of Freud, Jung, Brill, Adler, Ernest Jones, Ferenczi, Bjerre, and W. A. White, with the result that I feel as if I had been taking a course of swimming lessons in a veritable cesspool of learning. As I have not since had an opportunity to take a spiritual shower-bath you will understand why my remarks throughout this paper lack the customary refinement of a Sunday evening discourse.

I should, of course, be wandering entirely off my beat if I attempted seriously to discuss psychoanalysis, but I cannot refrain from recording a few personal impressions of what I believe to be one of the most extraordinary and far-reaching contributions to thought. Having had a fling at nearly all the types of biologists and at the non-biologists who have handled instinct, I now see my opportunity to get under the skin of the psychologists. After perusing during the past twenty years a small library of rose-water psychologies of the academic type and noticing how their authors ignore or merely hint at the existence of such stupendous and fundamental biological phenomena as those of hunger, sex, and fear, I should not disagree with, let us say, an imaginary critic recently arrived from Mars, who should express the opinion that many of these works read as if they had been composed by beings that had been born and bred in a belfry, castrated in early infancy, and fed continually for fifty years through a tube with a stream of liquid nutriment of constant chemical composition. To put it drastically, most of our traditional psychologies are about as useful for purposes of understanding the human mind as an equal number of dissertations on Greek statuary would be to a student eager for a knowledge of anatomy. Such a student at once learns that the object of his investigation, the human animal body, is very largely composed of parts offensive to the aesthetic sense, but this does not deter him from studying them as thoroughly as other parts. The typical psychologist, who might be expected to study his material in the same scientific spirit, does nothing of the kind, but confines his attention to the head and the upper extremities and drapes or ignores the other parts.

Now I believe that the psychoanalysts are getting down to brass tacks. They have discovered that the psychologist's game which seems to consist in sitting down together or with the philosophers and seeing who can hallucinate fastest or most subtly and clothe the results in the best English, is not helping us very much in solving the terribly insistent problems of life. They have had the courage to dig up the subconscious, that hotbed of all the egotism,

greed, lust, pugnacity, cowardice, sloth, hate, and envy which every single one of us carries about as his inheritance from the animal world. These are all ethically and aesthetically very unpleasant phenomena but they are just as real and fundamental as our entrails, blood, and reproductive organs. In this matter, I am glad to admit, the theologians, with their doctrine of total depravity, seem to me to be nearer the truth than the psychologists. I should say, however, that our depravity is only about 85 to 90%.

In nothing is the courage of the psychoanalysts better seen than in their use of the biogenetic law. They certainly employ that great biological slogan of the nineteenth century with a fearlessness that makes the timid twentieth-century biologist gasp. But making all due allowance for the extravagant statements of Freud and Jung and their disciples, any fair-minded student of human nature is compelled to admit that there is a very considerable residuum of accurate observation and inference in their accounts of the dream, of the perversions of the nutritive and sexual instincts, of the erotic conflicts and repressions, and of the surviving infantilisms.....

To me one of the most striking indications that the psychoanalysts are on the right road is the fact that many of their theories have such a broad biological basis that they can be applied, exceptis excipiendis, to a group of animals so remote from man as the insects. This has not escaped Jung, who calls attention to the striking analogies between the nutritive caterpillar stage and human infancy, the chrysalis and the period of latency, and the imaginal butterfly and puberty in man. There are even cases of repression and sublimation as in the workers of social insects, and did time permit I could cite examples of multiple personality or of infantilisms, that is, larval traits which survive or reappear in the adults of many species. Insects undoubtedly sleep. Do they dream? If they do, what a pity that we shall never be able to apply the Freudian analysis to the dreams of that symbol of sexual repression and sublimation, the worker ant!

But these are trivial considerations. The great fact remains that the work of the psychiatrists is beginning to have its effect even on such hidebound institutions as ethics, religion, education, and jurisprudence, and that the knowledge that is being gained of the workings of our subconscious must eventually profoundly affect animal no less than human psychology, since the subconscious is the animal mind.

Now let us turn to one other field close to that of psychiatry, where differences from psychiatry may serve for the purpose of definition. As physiology is to the practice of medicine, psychology is -- or should be -- to the practice of psychiatry. In the history of medicine the investigation of the normal did not precede the study of the abnormal. The abnormal has revealed the normal as the exception illustrates the rule. Similarly, psychology as the study of the normal function of the organism has received much from psychiatry. Indeed the whole method of experimentation insofar as it creates artificial conditions produces in some degree illuminating abnormalities. As a source of knowledge the abnormal precedes the normal.

There are psychiatrists who would be content to describe psychiatry as medical psychology just as there are physicians who insist that medicine is physiology applied to disease. Though in theory psychology should play this role and thus be the handmaiden to psychiatry, she is in reality a very green hired girl with almost as much to unlearn as to acquire before she becomes indispensable to the psychiatrist. Patience rather than dismissal is indicated for even now psychology, especially when well grounded in biology and physiology, is valuable. Already psychology gives real though limited service in mental testing, conditioned reflex research, localization studies and in certain selective procedures like the Rorschach test.

To summarize the foregoing: Human beings are not merely collections or assemblies of collaborating organs. They have functions and capacities characteristic of organisms as a whole and appropriate for individuals living in indispensable contact and collaboration with other human beings. What they do we call conduct or behavior (and equally important what they manage to keep from doing). Psychiatry is the field of study which concerns a very wide range of disorders, defects or inadequacies of behavior of these individuals. It has been wisely said that Life's aim is an act, not a thought. In the same sense it is not merely mental phenomena that constitute the material of psychiatry, but that blend of instincts, emotions, thoughts and feelings and physiological states which eventuates in conduct -- in action or the inhibition of action. It is true that conduct will be affected by physical, chemical or other disturbances in some part of the machinery of the body, e.g., bullet wounds, metabolic disorder, alcohol, bacterial disease. But it is also true that we witness disturbances for which we can find as yet no cause so simple and objective, where mood and motivation, emotions and instincts, and the faculties of adjustment to reality appear to be in conflict or disorder, and these derangements also are the task of the psychiatrist.

Now for a few comments upon the status of psychiatry and I am done. Since 1880 medicine as a whole has profited immeasurably from two broad lines of study, bacteriology and cellular pathology. The one explained a host of diseases as due to invading micro-organisms, the other described in analytic terms of separate organs and organic disease the phenomena shown by sick people. There has been for the past fifty years, however, something approaching neglect of the patient as a person. Let me quote from a first-rate physician -- Louis Hamman of Baltimore.

To the specialist, psychiatry is another specialty operating in a contiguous but separate domain. To the internist, it is a vital and integral part of his work. Indeed I find it impossible to formulate a clear expression of the relation of psychiatry to medicine, so intimately and inextricably are they bound together. The physician studies and practices psychiatry continuously, even when he protests that he has not the least knowledge of formal psychiatry. It is the chief instrument of his success, even though he may practice it unconsciously.....

In spite of this growing importance it is the subject about which medical students know least and the one in which their training is most deficient. The reasons for this slighting treatment of psychiatry are many; I can mention only a few of the outstanding ones.



1. The General Lack of Appreciation of the Importance of the Subject. When I was a medical student psychoneurotics were objects of ridicule and contumely, not of serious study and sympathy. The patient with no gross lesion to justify his many complaints was neglected and avoided. The worst insult that could be cast at a fellow student was to call him neurasthenic. After careful observation had established the fact that a patient had no organic disease professional relations were supposed to be at an end and he was dismissed with some such reassuring remark as, 'There is nothing whatsoever wrong with you; your troubles are imaginary; go on and forget them,' or even more curtly with a placebo and the ardent hope that he would never return. With the passage of years this brusque attitude has become somewhat softened and yet essentially it is still the attitude of many physicians. The mind always seeks precise classification and is never more pleased than when experience can be snugly labeled.....

In order to furnish tangible evidence of the important part psychiatric problems play in the practice of medicine I have reviewed the records of 500 consecutive patients who consulted me. To give the figures any value I must explain that my practice covers the whole field of internal medicine and that patients come to me or are sent to me chiefly for diagnosis. I have no reputation as a psychiatrist nor am I even suspected of having unusual interest or talent in that field. Not one of the 500 patients consulted me on account of an overt psychiatric condition.....

Among the 500 patients there were 116 (23 per cent) without any discoverable organic cause for the symptoms of which they complained. In addition, there were 56 (11 per cent) presenting minor organic lesions but with symptoms which could not possibly be explained by the lesions alone. In a word, one-third of the patients suffered solely or predominantly from functional disorders.

Strictly speaking it might be stretching a point to say that all of these functional disturbances were due primarily to psychiatric disorders. Nevertheless, if you are willing to define the province of psychiatry as the broad field I have outlined, then surely the problems of these patients are of interest and concern to psychiatrists. For instance, a man otherwise well and competent suffers from very distressing digestive symptoms whenever he is worried, or for other reasons under nervous strain. Shall we consider this a psychiatric problem? I think we undoubtedly must, since here psychic influences play the chief role in disturbing the balance of the vegetative nervous system. What is commonly called the spastic colon invades the psychiatric field more prominently than it does the gastro-enterological.

With steady insistence psychiatrists have laid stress upon the whole personality of any and every patient -- their own and those in every medical specialty. Psychiatrists, despite their isolation in asylums, despite inferior recruitment to their ranks and the taboo and horror associated with insanity, despite the time required for making their diagnoses, and despite their isolation from experimental methods and the fact that laboratory animals do not appear to develop psychiatric conditions (except Pavlov's experimental neuroses), despite all these handicaps psychiatrists are nearer to adequate discharge of their duties

than they have ever been before. For the first time man studies his own conduct dispassionately and in terms of cause and effect - not devils and disasters. Cannon's work upon the physiology of the emotions, the exceptional growth of neuro-physiology, thanks to Sherrington and to new instruments of registering the changes of electrical potential in nerves, the stimulus of Freudian theory, of Pavlov's work on reflex behavior, and the steady extension of scientific methods of study of psychiatric patients are some of the factors in the progress of psychiatry.

Much remains to be done. Kolb of the United States Public Health Service reported that in 1939 \$200,000,000 was spent on mental diseases, yet not 1 per cent of it for research. One child in every 20 in this country will at some time of his life be hospitalized for mental disease, and another child in the same 20 will at some time be psychiatrically disabled but not hospitalized. There are probably 6,000,000 feeble-minded persons of all grades in the United States, 80 to 95 per cent at large in the population, 100,000 alcoholics and drug addicts, between 800,000 and a million mentally diseased and 400,000 epileptics. There are more hospital beds devoted to psychiatric cases than to all other forms of disease. Ninety per cent of the cost is at public expense. And in the face of the dislocation, loss and sorrow in the families of the mentally disordered the statistician remains mute.

#### Addendum

Answering an inquiry of the Chairman, Mr. Stewart, as to the plans of the Medical Sciences in Psychiatry: Rockefeller Foundation aid for the development of Psychiatry has been and would continue to be in three general categories. The first and most important type of aid is directed to the improvement in the teaching of Psychiatry to medical students. The second form of support is in grants for research work in psychiatry, neurology, psychology, neurophysiology and other fields essential to the progress of psychiatry. The third form of aid seeks to improve the care of mental patients immediately and directly, working with the present personnel and actual conditions of the present day.

As examples of aid to the teaching of Psychiatry The Rockefeller Foundation is supporting departments of Psychiatry at Yale, Harvard, Washington University, St. Louis, Chicago, Duke and Tulane and is largely responsible for their initiation. At Johns Hopkins, Columbia (neurology), the University of Pennsylvania, the University of Illinois and the University of Colorado the Foundation is contributing substantially to departmental expense.

Research grants have been numerous and more widely scattered, i.e., including the Maudsley Hospital in London, the University of Edinburgh, and Universities in Norway, Sweden, Holland, Belgium, Switzerland, Canada and Australia.

Funds used for the improvement of psychiatric institutions would include grants for holding postgraduate assemblies of psychiatrists in state mental hospital work, aid for psychiatric nursing, aid for a symposium on mental disease under the auspices of the American Association for the Advancement of Science, etc.

Note

A record of support during the years 1931-1941 of Psychiatry, Neurology, and Closely Related Subjects, prepared for the meeting in December, 1941, but not presented is appended.